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ABSTRACT

A study was conducted to examine the homeless population of Austin, Texas and to determine who the homeless were, how they became homeless, how they saw themselves and others, what their needs were, and how they were being served by agencies. Survey data were collected from 500 homeless persons. This document summarizes findings from 3 years of research on the homeless in Austin, Texas. It begins by introducing four homeless persons in a typology of the recently dislocated, outsiders, and isolates which provides a framework for understanding the stages in the process of homelessness. It provides a theoretical model for understanding the causes, mediators, and consequences of homelessness, and describes three stages of loss (loss of family support, loss of friends, loss of community support). The model suggests that homelessness involves a progression from major loss to disaffiliation to entrenchment, with key factors being: (1) precipitating external circumstances; (2) a weakening of resources; (3) disaffiliation and elimination of traditional support and resources; and (4) entrenchment in homelessness, either as an outsider or as an isolate. It pulls together what is currently known about who the homeless are and how they became that way; the problems associated with homelessness; and the psychological and structural barriers to assistance for the homeless. It concludes with some broad strategies for action based on the model. (Thirty-four references are listed.) (NB)

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Understanding the Homeless

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From Research to Action

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UNDERSTANDING THE HOMELESS

FROM RESEARCH TO ACTION

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Foreword

The media and the public discovered America's homeless in the early 1980s. Living in cars, abandoned buildings, parks, or on the streets in doorways, boxes, plastic bags and other makeshift shelters, they were beginning to be noticed as their number increased. No one knows how many are homeless today, but estimates range from about 250,000 to four million. Not since the Great Depression "has the number of Americans without homes been so large or represented such a wide cross-section of our society as it does today."* Entire families, those without families, and "throw away" and runaway children are all a part of this continually increasing population. Most share three characteristics—extreme poverty, poor physical and mental health, and high levels of social isolation.

The sources of this new social problem are several, and they vary by time and place in relative importance. Deinstitutionalization of the mentally ill but inadequate provisions for community support systems, a growing shortage of low income housing, technological change and economic downturns—first in the north and then in the southwest, more restrictive eligibility requirements for welfare and disability benefits, alcohol and drug dependency, and the absence of social services to help people get a new start are some of the reasons for the growing homeless population. Whatever the reasons, government agencies and the general public were slow in their response to the needs of the homeless and the resolution of the problem.

In 1984 the Hogg Foundation received and supported two grant proposals to study the homeless in Austin, Texas. The research questions included: Who are the homeless? How did they get where they are? How do they see themselves and others? What are their needs? How are they being served by existing agencies? Our

*Hope, M., & Young, J. (1986). *The faces of homelessness*. Lexington, Mass.: Lexington Books, p. xii.

hopes were that the research would provide new and accurate information about the homeless, stimulate public awareness of their problems, help existing agencies better serve this population, and be useful in the development of new programs for the homeless. Indeed, findings from the study summarized in this publication were reported by the local media, and the researchers and their colleagues became involved with the Austin Task Force on the Homeless and the city's Department of Housing and Community Services.

This relatively short publication highlights only a fraction of the study's findings, but it offers data and insights about the nature of the homeless population and their problems, barriers to social action, and implications for public policy.

Charles M. Bonjean
Vice President, Hogg Foundation

Preface

The United Nations has considered the topic of homelessness of significant importance to designate a specific period as the "International Year of Shelter for the Homeless." The President of the United States has signed into legislation over 900 million dollars targeted toward the problem of homelessness. Will money alone solve the problem? We think not. Many costly attempts (dating from the late eighteenth century) have been made and they have failed. Perhaps it is time to develop a clearer understanding of the problem.

Our research was based on the proposition that a thorough study of the problem and a comprehensive research-based description of the homeless would be valuable to program planners who would formulate solutions. Three years ago, the Hogg Foundation provided the necessary research funds, and several months later we had collected survey data from 500 of Austin, Texas' literal homeless—persons whose typical residence is emergency shelter or "the streets." Our research report to the Hogg Foundation was completed one year later. The report provides demographic information about the Austin homeless and data which span five problem areas: 1) Mental Health, 2) Health, 3) Employment, 4) the Law, and 5) Social Support. This report led to our involvement with the Task Force on the Homeless appointed by the City Council and with Austin's Department of Housing and Community Services. Although quite comprehensive, the findings contained in our report needed to be strengthened by additional data. The Task Force asked that information about existing services for the homeless, information and programs for the homeless in other cities throughout the country, and additional information about the homeless be integrated into a model for program planning. This research endeavor was finally completed after a year long process, and it resulted in a plan for helping the homeless that was recommended to the City Council.

This document summarizes what we learned from over three years of research and advocacy. It provides a theoretical model for understanding the causes, mediators, and consequences of homelessness. It pulls together what we now know about who the homeless are and how they became that way, the problems associated with homelessness, and the barriers to assistance for them. It concludes with some broad strategies for action based on the model. We hope that this document is valuable to others who are—or will be—concerned with the social problem of homelessness.

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UNDERSTANDING THE HOMELESS
FROM RESEARCH TO ACTION

Four Stories: An Introduction

Bill—*A Recently Dislocated, Type I.*

Bill is new to homelessness. He lost his job as an electrician; the builder he subcontracted from went bankrupt. He later was evicted from his apartment because he could not pay his bills. He stayed with friends until he felt like he had worn out his welcome, then began travelling the sunbelt looking for work. All he can find is temporary day-labor employment which he tirelessly pursues, but it's too short term to allow him to save for rental and utility deposits. He could spend the evening with groups of homeless, drinking beer or wine, panhandling, or just talking in the park. He doesn't. He has few homeless friends. He stays at the shelter, the only community service available to him. He still feels connected to the life he just left behind and calls his family often. Although they have few material resources to share, they offer words of encouragement.

Joe—*A Recently Dislocated, Type II.*

Joe is a lot like Bill with one major exception: he is far less psychologically functional. Like Bill, he has been homeless less than a year, continues to look for work, and has few homeless friends. Unlike Bill, he has less defense against the hardships of homelessness. Weakened family ties—severe physical punishment, constant moves, orphanages and stepparents, relatives who were institutionalized for legal or mental reasons—have made him that way. He does not join with others in the street or in the park to talk or drink, probably because he has difficulty making friends. It is very unlikely he will find stable employment. He is likely to remain alone.

Sam—*The Isolate.*

Should Joe remain on the streets long enough he will become like Sam. Sam is among the walking wounded, the individuals seen wandering the streets isolated and disoriented. They have been there for years. Sam has severe physical and mental handicaps and in fact may be an ex-mental patient. He no longer shows up for temporary day-labor and instead survives by handouts and other means. Weakened family ties increase the likelihood of such circumstances for isolates, but the situation may evolve with or without these conditions. With sufficient time on the street and no help from one's community, anyone can become like Sam.

Richard—*The Outsider.*

Should Bill remain on the streets long enough he may become like Richard. Richard has adapted himself to the harsh realities of life on the streets. He has been homeless for several years and has developed a rugged survivor mentality. He began the same way as others—external circumstances depleted his personal resources. He then used up the resources available from his network of family and friends. The offerings from the community were meager. Once on the streets, he managed to find temporary employment but little else. After working hard from time to time, he began to find it less and less necessary. He discovered groups of homeless people banding together to survive. They would panhandle and share the take. As a group, they would sleep on the rooftop of a local store, protecting both one another and the goods of the store owner—a new kind of symbiosis. Groups offer better means of survival than temporary minimum wage jobs, and groups offer friendship. Yet, a major drawback exists. Because increased numbers bring greater visibility, individuals in groups are more noticeable. Arrests are more frequent. For someone like Richard, this may be a small price to pay for the benefits of resource sharing and friendship.

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A Model for Understanding Homelessness

What is homelessness? At first glance it would seem that agreement should be simple since the subject is people without homes. But such clarity has not been the case (1, 2). Homelessness is the loss of a permanent residence; also, homelessness is a process involving a loss far greater than a house. As suggested by our stories of the recently dislocated and applicable to both men and women, homelessness is often precipitated by external circumstances beyond one's control. Experiencing the loss of a job, serious illness, or family violence, homeless persons face the potential loss of almost everything they have—most importantly a sense of belonging, a psychological sense of home. Some later replace this loss through a process of affiliation and identification with other homeless persons—a process which can ultimately result in entrenchment in homelessness (3, 4).

Stages of Loss

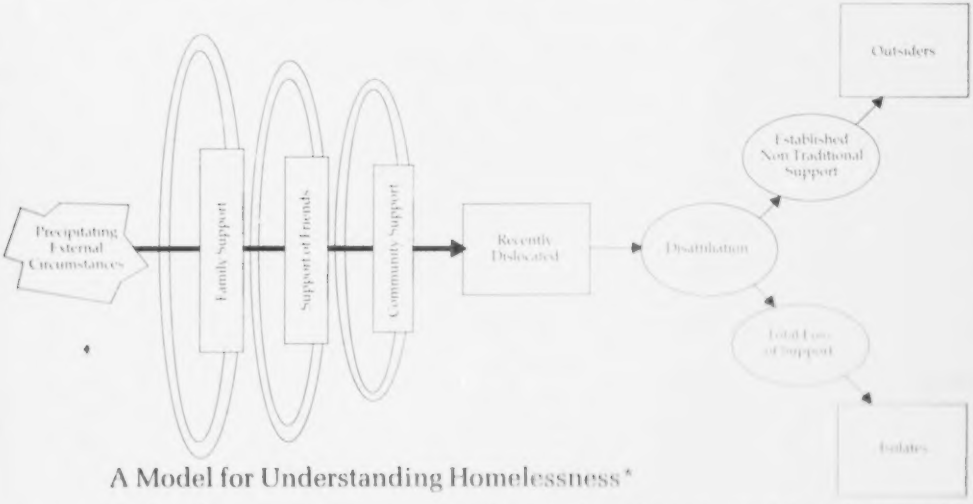
Three stages of loss must occur before the individual is likely to become homeless and seek the support of other homeless persons. First, family support is lost. This support is critical to an individual's overall sense of well-being. In addition, family members share material resources and information for problem solving. They protect each other from a variety of problems by providing a buffer of emotional and material support when needed (5). Sometimes family ties are damaged early in life as in the cases of Joe or Sam. Weak family relations or ties to a family that itself is marginally homeless make one more susceptible to homelessness. In these situations, homelessness will occur because tangible and psychological resources that might prevent it are scarce.

When family support is weak or absent, individuals turn to friends. Loss of friends occurs second in the process of becoming homeless. This stage can be as critical as loss of support from family. Bill, for example, retains some connection with family

and nonhomeless friends. He is new to homelessness and likely to be psychologically better off than Joe, who is also new to homelessness but has few ties. Though Bill's friends (and family) may have been unable to provide protection against the loss of a permanent residence, they continue to provide psychological support.

Without family and friends, anyone would have few resources to overcome major problems, yet a third and last stage of loss can occur—loss of community support. Throughout the nation communities have created public institutions and human service agencies to help individuals who are disadvantaged and facing severe hardships, hardships which can be complicated further by loss of family and friends. Unfortunately, resources made available by the community are many times inadequate to prevent or alleviate homelessness. Too often the community support needed for personal survival is unavailable to individuals with no permanent address, no proof of a job, or no means of transportation. As illustrated in the cases of Sam and Richard, chronic homelessness eventually occurs when support from the community is not available to prevent it or turn it around.

We have just described the start of the homeless process. The start and the end of the process are characterized in the figure below. The left of the figure indicates that external circumstances,



A Model for Understanding Homelessness*

*Ovals refer to resource processes and rectangles refer to types of homeless people

weakened support, and unavailability of resources foster homelessness. Job loss, eviction, marital separation, divorce, illness and the like are all examples of external circumstances that can precipitate the process. It is intensified by the unavailability of resources. Some of the homeless have few resources to draw upon because they often come from broken homes, having parents who were separated or institutionalized. Some were orphaned. Many were abused as children. These kinds of background characteristics or early developmental influences seem to make some individuals more vulnerable to major loss from external circumstances (1). Others may not draw upon their resources or may deplete them. Consequently, external circumstances can more easily push these individuals onto the path toward full-fledged homelessness. As our figure suggests, homelessness finally occurs when family, friends and community resources are unavailable, unused, or depleted.

The recently dislocated are those individuals who are new to a life of homelessness. Exemplified earlier through Bill and Joe, they tend not to identify with homeless roles and instead identify with more conventional ones (6, 7). They are usually more realistic and seriously intent about getting off the streets. They show up for part-time day labor employment more often than others. At this point, they are relatively alone on the street and appear to expect or hope that their homeless situation will change. Eventually, the recently dislocated who have no alternatives for obtaining resources begin to cross the boundary that marks the beginning of entrenchment in homelessness.

Disaffiliation

Type II recently dislocated individuals like Joe, who have difficulty making friends with other homeless, are likely to follow a path of loneliness. Recently dislocated individuals like Bill, type I, are likely to follow a path toward involvement with other homeless individuals as they find earlier support dwindling. In

either case, the movement is toward entrenchment in homelessness. In the face of inability to gather sufficient resources to reverse the push toward homelessness, and with survival at stake, the homeless tend to drift farther and farther from traditional relationships and institutions. With no home and no ties to local residents or the community, the homeless may feel less of an obligation to behave in conventional ways (8), becoming more and more detached from traditional roles and mainstream society. Another part of the homeless process—disaffiliation—has started (9, 10, 11). As the process continues, the homeless also may feel less and less connected to others from the mainstream culture who could potentially help them. As disaffiliation continues, they may begin to question who they are and where they belong.

As shown on the right of our figure, homeless individuals undergoing the process of disaffiliation become entrenched in one of two alternative life paths. They either continue to be alone on the streets or join other homeless individuals to regain support, albeit a nontraditional kind. Some of the type I recently dislocated, like Bill, may eventually form ties with other homeless individuals. These individuals tend to have less severe problems in their early family histories. Others recently dislocated, type II like Joe, who have had family problems, may lack the interpersonal skills necessary to join a homeless group and benefit from resource sharing. Either of these types of individuals, spending enough time on the street, will become entrenched—as an outsider or an isolate.

Time without others takes its toll. Isolates are individuals, like Sam, who may be in poor physical health and psychologically dysfunctional as a result of a life of chronic hardships. Isolates usually tend to have been on the streets for long periods of time and tend not to work traditional jobs, although they are likely to survive through other means such as scavenging (12).

Individuals who replace the loss of traditional support with more nontraditional (street) support are characterized as outsiders. Richard was our example earlier. If recently dislocated

individuals like Bill spend enough time on the street without access to resources for becoming re-established, they will likely join the ranks of the outsiders. These individuals have moved beyond a state of detachment from mainstream culture and become entrenched into homelessness as a way of life. As a result of support from other homeless individuals they are more psychologically functional than other longtime homeless without such support (that is, the isolates). On the average, the outsiders tend not to be interested in traditional employment and, because in groups they are more visible, are more likely than others to be arrested for public misconduct. We anticipate that many outsiders who continue to remain homeless for years may eventually drop out or be forced out of their groups—and thus become like Sam, the isolate.

The Double-Edged Sword

For the homeless, street affiliation is a double-edged sword. The nontraditional support may promote psychological well-being, yet it can have negative effects. Generally, since the homeless spend their time in public places, they are more visible, and their unconventional behavior is likely to be observed (13). Those with support, group members, attract even more attention. At least one undesirable effect results—more arrests for public misconduct, in particular public intoxication (4). A less obvious consequence of such companionship is that it may prolong homelessness, perpetuating groups' living in a street culture.

Full membership in a homeless support network, as represented by membership in a street group, provides a high degree of disaffiliation from conventional roles and a high degree of affiliation with, and entrenchment in, nontradjtional mainstream culture. An attempt to do so may require giving up psychological advantages of companionship, protection of the group, and similar benefits—at least initially.

By not affiliating with others, homeless persons can likely avoid arrest for public misconduct through decreased visibility. Yet the consequences of that choice are absence of a sense of belonging and a greater hardship in finding food, shelter, and other resources that groups may be able to obtain more easily than an individual (4).

Synopsis of the Model

Understanding the process of homelessness is important. Our model suggests that homelessness involves a progression running from major loss to disaffiliation to entrenchment. The key factors are: 1) precipitating external circumstances, 2) a weakening of resources, 3) dissaffiliation and elimination of "traditional" support and resources, and 4) entrenchment in homelessness, either as an outsider or isolate. Our typology of the recently dislocated, outsiders, and isolates provides a framework for understanding the stages in the process of homelessness.

The Puzzle of the Homeless

Problems of the Homeless

That the homeless of America face a multitude of problems is undeniable. The very fact that street life is often perceived by the public, the media, and academics as the refuge of the worthless, the useless and the cast-off implies such problems. But exactly what are the problems? How extensive are they? And, perhaps even more important, what factors are related to understanding why the homeless tend not to use services that might alleviate their problems? In this section we report estimates of physical and mental health, alcohol abuse, and quality of life among the homeless, noting that in all cases the evidence points to worse problems among the homeless than in the general population. It is puzzling that the homeless may not think this is true.

The view that the homeless are unaware of the magnitude of their problems is a curious one, emerging as a result of our survey. The research documented, among other things, some of the major mental health, alcohol, and physical health problems of the homeless. The study reported that the physical health of the homeless appeared poor—the percentage of those individuals reporting health problems was reliably higher than estimates of nonhomeless in almost all domains studied. This is not surprising since most of the sample was not sheltered, and the harsh conditions of street life would be expected to produce health problems.

The surprise in the survey was that the homeless claimed *not* to need medical attention, regardless of the problems they experienced. Further, there was little relationship between reported health problems and the desire for free medical attention.

Upon checking, we learned that our information was consistent with that of others. Large national estimates of health problems among the homeless indicate their health is poorer than that of the general population (14, 15, 16). In directly comparable sunbelt samples from Los Angeles (17) and Phoenix (18), high rates of

hospitalization indicate the homeless are in poor health. Yet, similar to our Austin sample, these sunbelt homeless report their health to be good or excellent. An interpretation of this with far-reaching implications is that health problems of the homeless are severe, and the homeless underestimate their magnitude.

We also examined whether psychological problems among the homeless were higher than those in the general population and found some disagreement on the issue. Numerous local studies and national panels suggest that one-third or more of the homeless are mentally impaired, although comparisons to nonhomeless are not made. Rossi et al. (15) found that almost one-half of their homeless sample displayed symptoms of depression indicative of the need for clinical attention, compared to less than one-fourth in the general population. They also noted that the rate of psychiatric hospitalization is eight times that found in the general population. Snow, Baker, Anderson, and Martin (19) disagree, arguing that the rate is lower. Consistent with some statewide (e.g., Ohio) and national (Housing and Urban Development) surveys, they document that only 15% are ex-patients, and under 10% are judged by the homeless themselves and by ethnographic observers to be psychologically impaired.

Because of this disagreement, we determined the rate of impairment ourselves, using a large statewide sample of homeless and nonhomeless individuals in a comparable sunbelt state (Arizona). Results showed that the homeless were rated by clinically trained judges as more psychologically dysfunctional than the nonhomeless receiving care in mental health centers. However, the homeless were rated as less dysfunctional than the nonhomeless who had been hospitalized for psychiatric care (3). Thus, psychological problems among the homeless appear higher than those in the general population, but they may not be as extreme as those found in an institutionalized population.

Do the homeless underestimate the magnitude of their psychological problems? The answer is yes. Slightly over 60% of our Austin sample reported that they had not considered seeing a counselor for a mental health problem, yet a majority were judged

by our clinically trained interviewers to need assistance in their psychological functioning. Further, the homeless themselves estimate that fewer than 10% are impaired (19). Clearly lower than the percentage judged impaired by our interviewers, these estimates are also lower than national estimates by experts using a mixture of measures (33%), lower than estimates of the general population considered at least depressed (20%), and lower than observer judged psychological dysfunction among the homeless in another sunbelt state (19%) (3). Thus, the homeless appear to underestimate their mental health problems just as they do not recognize the extent of their physical health problems.

Unlike the controversy surrounding homelessness and mental health, the researchers consistently view the rate of alcohol abuse and alcoholism among the homeless as high. One review of the literature on homeless problems suggests that 20% to 40% of the homeless have alcohol problems (20). This can be compared to 7% to 10% in the general population (23, 24, 25, 26).

The perceptions of the homeless regarding these alcohol problems and those of researchers are not the same. Consistent with findings based on nonhomeless populations (24, 25, 26, 27), our research indicated that a lower percentage of the homeless believe that they themselves have alcohol problems (40%) relative to the percentage of other homeless individuals they estimate to have these problems (80%). Again the rate of homeless problems is high, and homeless individuals know others may have these problems but believe they themselves do not.

These data on perceptions of alcohol problems seem less mysterious when considered exclusive of the other data, since psychological denial has a long history as a common symptom of alcoholism (27, 28). According to this view, individuals are expected to rationalize their drinking behavior by underestimating its magnitude. However, our findings on medical and mental health problems of the homeless suggest that something other than basic denial may be operating. To this we add further evidence based on the way the homeless perceive their quality of life. They generally report it to be positive in the face of what

appeared to the interviewers to be a life of poor quality. Also, we asked the homeless to compare their own conditions and those of most Americans. The homeless rated their quality of life higher.

Solving the Puzzle with Theory

The major clue to solving this puzzle came with recognition of the tendency to underestimate, associated in all cases with the affiliation and/or identification with other homeless persons. Let's recall the model, which holds that homelessness is a process of disaffiliation from traditional roles that leads to entrenchment in homelessness.

One characteristic of entrenchment is affiliation with other homeless individuals. Another is identification with them. A benefit to be gained through affiliation, as found with Richard the outsider, is increased social support. Access to others is an important determinant of improved psychological functioning and quality of life. A benefit to be gained from identification with other homeless individuals, such as that found with Richard the outsider and Sam the isolate, is the opportunity to obtain information relevant to understanding one's self in a strange world. Being on the streets with very little money and being forced to adapt to a life with no home and no readily available means of earning income is bewildering. Social information is needed. Obtaining that social information through others similar to oneself is known as social comparison. The theory and data about this process are useful for understanding why individuals use others for comparison purposes, join groups, form friendships and the like. The fundamental principle behind this theory is that individuals compare themselves to similar others to reduce uncertainty when they question the appropriateness of their attitudes, beliefs, and behavior (29, 30, 31).

Social comparison theory and its relationship to affiliative behavior can help explain the paradoxical underestimation effects we found. All but the recently dislocated are disaffiliated

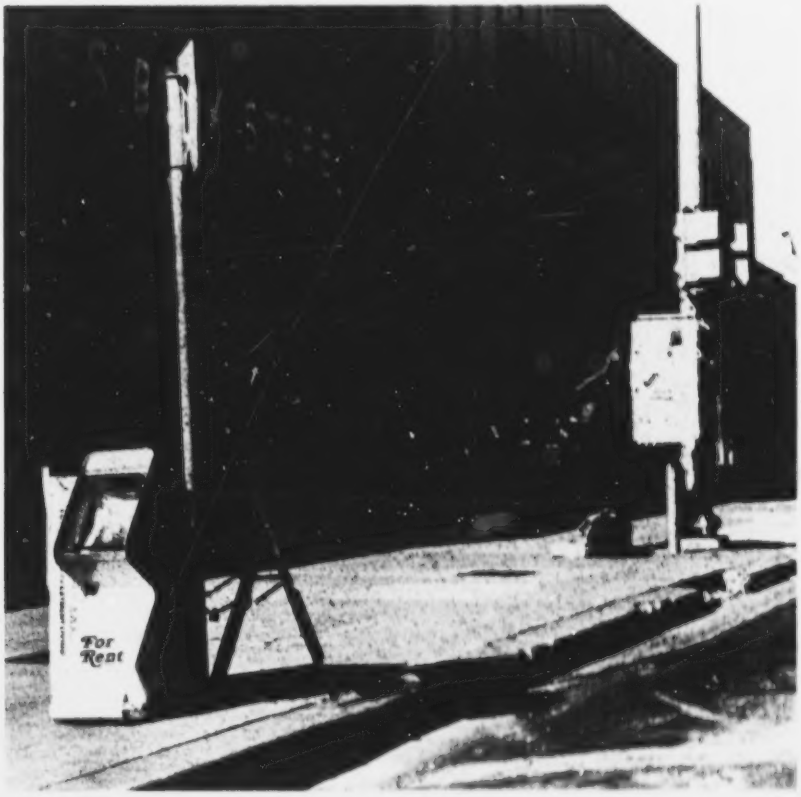
from the mainstream culture and entrenched in homelessness. As a result, those who have spent longer periods of time homeless, the outsiders and isolates, are likely to use other homeless individuals as a basis for comparison. Further, most of the homeless have one form of disability or another (82% according to Rossi et al., 15). Social comparison theory suggests that when surrounded by these comparison others with near-equivalent or worse disabilities, the perceived severity of one's own problem diminishes. Being constantly exposed to others' severe problems apparently distorts perception so that one's own moderate or severe problems tend to be seen in a more favorable light.

This reasoning can be made even more specific. We would expect that over time problems might worsen. Yet as one gains friends, social comparison among the homeless would also increase because as individuals become more entrenched in "street life" they become more removed from other comparison groups and comparative information sources (e.g., television, radio, newspapers). Snow and Anderson (7) provide entirely consistent empirical evidence showing that the longer the individual is homeless, the more apt he is to identify himself as a member of the homeless culture. Our evidence concerning affiliation among the homeless is also consistent, suggesting that the number of homeless friends one has is positively related to entrenchment (4).

To test this directly, we conducted a study in which we examined time spent homeless and number of homeless friends (3). We expected that the longer the individual spends homeless and the more street friends he has, the less likely he is to perceive that he has serious medical, mental health and alcohol problems. In addition, we anticipated that he would view his quality of life as richer.

Results strongly indicated that social comparison theory is a viable explanation for unraveling the peculiar paradox that the homeless tend to underestimate the magnitude of their problems. We conducted nine research tests of this hypothesis. Analyses of physical health, mental health, alcoholism and quality of life data

in seven of the nine cases revealed that the homeless tend to underestimate their problems as a function of entrenchment, when entrenchment is viewed as time spent homeless and number of friends. We had solved our puzzle. Our next concern was to cast our net more broadly, placing our findings in the context of barriers that prevent a solution to homeless problems. We consider this issue in the next section.



Barriers to Action

Current difficulties of the homeless are presumed to be a function of initial problems, entrenchment in homelessness and barriers to action. Two types of barriers exist. Psychological barriers are conscious or unconscious mental processes that prevent individuals from seeking a solution to their problems. Structural barriers are those aspects of community resources that prevent a solution to homelessness. Both contribute to entrenchment in homelessness and exacerbate problems.

Psychological Barriers

A number of psychological barriers exist in the homeless population. Rather than focusing on more well-known barriers such as *denial* or *hopelessness*, our research has emphasized an altogether different barrier: *social comparison*. When this process occurs within an insulated and homogeneous group, it results in an underestimation of problem severity, and therefore help is not sought. This disregard fosters entrenchment in homelessness and worsens untreated problems. In the context of our typology, Bill and Joe, the recently dislocated, would be unlikely to identify with the homeless and thus fall victim to distorted comparisons. Both are likely to compare their plight to the nonhomeless, note their problems are mounting, and seek help for them. In contrast, Sam the isolate and Richard the outsider do not have as much contact with the nonhomeless world. As a result they are prevented from realizing that their problems need treatment. For Sam and Richard, entrenchment continues and problems grow worse.

Structural Barriers

Given that some community resources exist, three types of structural barriers will be considered. The first is a barrier we label *usability*. Homeless individuals with health, mental health

or alcohol problems may have less access to treatment because they do not meet eligibility requirements. They may lack a permanent address, or they may not meet the behavioral requirements of a particular program. It is also possible that services are at maximum client capacity and, in effect, not usable. In these cases services are available and use can be attempted, but the barriers may prevent use by the homeless. These barriers may be formal, such as those mentioned above, or, in many cases, they can be informal. Informal barriers center around the attitudes and behaviors of treatment staff towards homeless people. Unwillingness to serve the most recalcitrant client (e.g., Richard the outsider) and least attractive (e.g., Sam the isolate) may cause some treatment staff to ignore or turn away the homeless individual. Whether formal or informal, the structural barriers related to usability can promote and increase problems for homeless persons.

It seems very likely that homeless people do not have access to information about community resources. We label this barrier *awareness*. In the Austin study, we found that the homeless population is aware of, and therefore uses, only the best known services. Studies conducted elsewhere have also noted the same (16). These findings come as no surprise. Consider the fact that the recently dislocated are often newcomers to a city, and they would be expected to have less information about community resources. Further, those entrenched—the outsiders and isolates—would be unlikely to rely on newspapers for information. Finally, television and radio are generally unavailable to the homeless. Because the homeless have little awareness of services and therefore do not use them, entrenchment is perpetuated and problems worsen.

A third structural barrier to service delivery is *discordance*. A discordant barrier exists when resources are used for purposes other than that for which they were designed. For example, our country historically has used the penal system to manage public intoxication (32), and this is a common reason for arrest among homeless men (3). Individuals may enter services like this inappropriately because of their physical inability to do otherwise

(e.g., exhaustion), the absence of other resources, or some sincere intention to seek help in overcoming homelessness. It may also be true that the public wishes to "clear the streets" of stigmatized, unsightly individuals. In all of these situations, such discordant use of services can perpetuate homelessness and homeless problems. Inappropriate uses of services have little likelihood of success. Often they are short-term and always they are costly since the individual will probably return to them again and again.

The Interaction Between Barriers

Psychological barriers can foster structural barriers. When homeless individuals do not seek help, service providers controlling community resources do not adjust the resources to meet homeless needs. For example, if only the recently dislocated who are new to a city attempt to use services, providers may view all the homeless in this context. Unaware of the outsiders and isolates, they are uninformed about the prevalence and magnitude of problems that characterize this significant segment of the homeless. Services are unlikely to be made more usable. Awareness of services is unlikely to be increased. What this situation produces is the discordant use of services, largely by the outsiders and isolates who are most in need of treatment.

Structural barriers can also influence psychological barriers. When homeless individuals do not seek help and/or structural barriers prevent them from doing so, beneficial comparison opportunities are eliminated, entrenchment deepens, and problems of the homeless continue. It is also important to note that, unlike the barriers *denial* or *hopelessness*, *social comparison* processes only require more realistic information for proper evaluation and corrective action. This implies that direct adjustments to structural barriers have the potential to change in a rather straightforward manner at least one psychological barrier—maladaptive social comparison. We address this issue next.

Strategies for Consideration

Our model of homelessness as a process of entrenchment in an alternative life-style, and the framework for understanding barriers contributing to such entrenchment, should be helpful to communities interested in developing programs to reduce homelessness or in improving conditions for the homeless. Several general strategies within the model can be considered. We know that social comparison processes prevent the majority of the homeless from seeking help. Outreach programs that have been developed to provide help in breaking through such psychological barriers offer strategies that might be tried (33). For example, health teams in mobile vans might be used to dispense accurate information along with health care to help overcome the underestimation of problem severity. Establishing communication with and helping the isolates would be the most difficult and costly since these individuals are the most in need and most firmly entrenched. For the opposite reasons, the recently dislocated should be the least difficult to reach.

The model suggests that some homeless, such as the outsiders, are being emotionally helped by affiliation with other homeless, yet entrenchment is furthered. To counter this, the outsiders might be encouraged to withdraw from detrimental support systems and to join more positive groups of ex-homeless individuals. A compatible strategy for the outsiders is to enable small intact support groups to break the cycle of homelessness together. A roommate-based transitional housing program linked to case management and employment such as that planned for use in Austin (34) is a strategy that might be effective in either case. It allows the homeless to take advantage of the psychological benefits of group membership and undermine psychological barriers directly through the combined efforts of the homeless, the ex-homeless and others.

In order to overcome structural barriers one might try the modification of existing requirements for participating in community services. For example, the requirement of a local permanent address in order to receive services might be reconsidered in light of *usability* barriers. Staff training on homelessness might make services more usable. Greater exposure to a model of homelessness that suggests a process rather than an end-state could be helpful. It is our hope that the present model will serve as a teaching aide as it demonstrates how readily homelessness can evolve from external circumstances with the absence of support into extreme problems through entrenchment.

Efforts to bring about an awareness of services to the homeless may also be necessary in order to overcome structural barriers. Although there are numerous ways to accomplish this (e.g., outreach), traditional media efforts may not work because the homeless are less exposed. An alternative is to use fliers that can be posted where the homeless congregate. Key informants among the homeless might also be used to increase awareness. It is important to remember that those most firmly entrenched will likely be the most difficult to reach.

Finally, proper assessment and referral are critical in order to overcome the inappropriate use of services. One or more resource providers are needed to take responsibility for these critical functions. Not only does Austin's plan include assessment of a strategy that considers the individual's current medical and psychological status but also the degree to which entrenchment in homelessness has occurred (e.g., 34). A plan that also considers recently dislocated individuals like Bill or Joe, isolates like Sam, and outsiders like Richard, might be an especially effective addition to a homeless assessment and referral system, because it targets needed services for different types of homeless persons.

A Final Comment

Our three-year research project was based on the proposition that an empirically grounded theoretical approach to problem solving is useful. To that end we have been able to develop and test a model of homelessness that considers who the homeless are—the recently dislocated, isolates and outsiders—and how they become that way; a process leading from precipitating external circumstances to weakening of resources, disaffiliation and entrenchment in homelessness. The full usefulness of the theory evolved from a paradox that ultimately helped us understand how this process can exacerbate and prolong the problems faced by the homeless and produce barriers to service delivery. One test of the utility of our theory has been its use in local program planning. However, the ultimate test will be time. The problem of homelessness in the United States is not new and will not easily be solved. Nevertheless it is our hope that the insights we have provided ultimately will be of benefit to both the homeless and the communities in which they reside.

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